

July 18, 2012

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: Notice of *Ex Parte* Communication, WC Docket No. 02-60

Dear Ms. Dortch,

On June 27, David Finney of the Chesapeake Regional Information System for Patients (CRISP) and Sarah Orth of the Maryland Health Care Commission (MHCC) spoke via telephone with Linda Oliver, Christianna Barnhart and Mark Walker of the Wireline Competition Bureau, and Wireline Competition Bureau interns Erica Larson and Jaimie Douglas. The purpose of the meeting was to inform Bureau staff about CRISP and MHCC, their new grant program focused on improving transitions of care at long-term care (LTC) facilities, and the broadband needs of skilled nursing facilities (SNFs), in order to help inform the Commission as it designs the Skilled Nursing Facilities Pilot Program.

Through a competitive process, MHCC has designated CRISP as Maryland's Health Information Exchange (HIE). CRISP is advised by a wide range of stakeholders responsible for the healthcare of Maryland's citizens, including patients; privacy advocates; public health officials; and advocates for seniors, the uninsured, and the medically underserved. The Office of the National Coordinator for Health Information Technology (ONC) has named CRISP Maryland's Regional Extension Center for Health IT (REC). As Maryland's REC, CRISP plans to provide assistance to 1,000 primary care providers in their efforts to deploy Electronic Health Records (EHRs) and achieve meaningful use by 2014.

The group discussed a new grant program MHCC and CRISP announced this spring. The program is designed to improve transitions of care in long-term care facilities. The goal of the program is to use Maryland's statewide HIE to electronically share critical pieces of information between LTCs and other medical facilities as patients are transitioned into and out of LTCs. In order to achieve this goal, the program provides grants to independent LTCs to adopt and implement health IT infrastructure. Program participants must submit quarterly data reports and meet performance goals in order to continue to receive funding. The program is funded by a grant from the Office of the National Coordinator (ONC) of the U.S. Department of Health and Human Services.

The parties discussed the following topics:

Interest in the LTC Program: The group said that interest in MHCC and CRISP's grant program was unexpectedly high due to the influence of Maryland's State-Designated Management Service Organizations (MSOs). State-Designated MSOs provide

administrative and business support to health care organizations. Maryland is the only state to have State-Designated MSOs that are accredited by the Electronic Healthcare Network Accreditation Commission (EHNAC), a non-profit standards development body; one other state is considering adopting a similar program. As part of its grant program, MHCC and CRISP required that participants contract with one of these accredited MSOs. The MSOs operated like brokers for the program by recruiting long-term care facilities to apply.

Hospital-LTC Relationship: Although LTC interest in the program was not generated by hospitals encouraging LTCs to participate, the program has improved the relationship between LTCs and hospitals. Because the goal of CRISP's grant program is to improve patient transfers, improved communication with hospitals is a key part of the program. This is evidenced by the fact that each of the participating long-term care facilities is using MHCC and CRISP funding to improve communication with a hospital with which it had a pre-existing relationship.

For most of the participating LTCs, the pre-existing hospital relationship was limited to patient referrals between the facilities. But, in one of the selected projects, the hospital partnering with the LTC, Frederick Memorial Hospital (FMH), is also serving as the participating LTC's MSO. FMH hopes that participating in the program will help it improve its access to information about what drugs were being prescribed to patients at its partner LTC.

The parties said that the lack of existing funding for LTC technology adoption, rather than the desire to improve the hospital relationship, was the key driver for LTCs to apply for program grants. There was widespread interest in the program and demand for funding (only four of 16 applicants were awarded grants, due to the limited funding available).

Supported Technologies: Although the MHCC and CRISP's grant program did not mandate that participants use particular technologies to achieve program goals, most of the projects chose to focus their grants on developing infrastructure for data exchange. For example, grants are being used to cover the cost of EHR adoption at LTCs, set up connections with state and community HIEs, and reimburse LTCs for the cost of the MSO. None of the selected projects are using MHCC and CRISP program funding to support telemedicine or broadband connectivity.

Program Requirements: The MHCC and CRISP grants required a 75 percent match by participants, which could include in-kind contributions. Because the MHCC and CRISP's grant program is limited in funding and length, MHCC and CRISP felt it was necessary to take steps to ensure the program participants and their service vendors were truly committed and that selected projects were sustainable. Accordingly, MHCC and CRISP asked for letters of commitment from participating vendors and facilities. These letters of commitment have been helpful in cases where there has been a disagreement about what goods and services the vendor has contracted to provide. MHCC and CRISP also required applicants to show in their applications that their projects were sustainable

after the grant money is spent. Because of the sustainability requirement, MHCC and CRISP expects that many of the selected projects will incur large up-front costs, but will require relatively little for long-term maintenance.

To further assist with the development of the SNF Pilot Program, MHCC and CRISP provided the Commission with the Request for Information they distributed to potential applicants for their grant program. A copy of this Request for Information is attached to this document.

Respectfully submitted,

/s/
Christianna Barnhart Attorney Advisor, Telecommunications Access Policy Division,
Wireline Competition Bureau